

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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42	1					
43	1					
44	1					
45	1					
46	1					
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49	1					
50	1					
TOTAL IND.	5					
TOTAL DEP.	0					
TOTAL CLAIMS	5					

  

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